

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

PRKWR

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P99000039218**

1. Corporation Name

NATIONAL VIATICALS, INC.

Principal Place of Business

761 N.W. 4TH COURT
BOCA RATON FL 33432

Mailing Address

761 N.W. 4TH COURT
BOCA RATON FL 33432

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/26/1999

5. FEI Number

05-0550-575

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	TROMBINO, ALBERT M	761 N.W. 4TH COURT	BOCA RATON FL 33432

TS

REINSTATEMENT

900023750629
10/13/03-01069-005 **150.00

8. Name and Address of Current Registered Agent

TROMBINO, ALBERT M
761 NORTHWEST FOURTH COURT
BOCA RATON FL 33438

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

10/10/03

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

Date

Daytime Phone #

10/10/03 954-275-6855

CR2E040 (7/03)

10/21/3 ^{10/21/3}

Dear Tyrone,

As per our conversation I am returning the Application for Reinstatement of my corporation. I filed an annual report and paid the fee including in the application the federal tax id # which is 05-0550575. I also did not receive

any notice from the Dept of ~~State~~ that you did not have my tax id. #, I received a notice in early October 2003 that National Viaticals, Inc. was administratively dissolved.

I want you to waive the \$150.00 fee because I sent it initially in January 2003 application to file an annual report. On 10/13/03 you received another \$150,00 Dollars and a reinstate-ment application completely filled out. Please accept this rein statement application and waive the PENALTIES and Fees. Mike